



AHCCCS/RECEIVED
DIRECTOR'S OFFICE

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DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

DEC 14 2001

Phyllis Biedess, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 01-015, regarding prior quarter coverage for new AHCCCS enrollees. I am approving this SPA with the requested effective date of October 1, 2001.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

cc:

Joan Peterson, CMS, CMSO, FCHPG
Elliot Weisman, CMS, CMSO, PCPG (two copies)

cc: Phyllis Biedess
orig. Lynn

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 5

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.914 and 1902 (a) (34) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001/2002 \$ 0

b. FFY 2002/2003 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 11 of Section 2
Attachment 2.6-A, page 24

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Page 11 of Section 2
Attachment 2.6-A, page 24

10. SUBJECT OF AMENDMENT:

Prior Quarter Coverage

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

October 5, 2001

16. RETURN TO:

AHCCCS
Mail Drop 4200
801 East Jefferson
Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 16, 2001

18. DATE APPROVED:

12/14/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

OCT 16 2 14 PM '01
 NRS HQFA
 DIVISION OF MEDICAID
 REGIONAL



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
Committed to Excellence in Health Care

Jane Dee Hull
Governor

Phyllis Biedess
Director

October 5, 2001

Linda Minamoto
Associate Regional Administrator
Division of Medicaid
Centers for Medicare and Medicaid Services
75 Hawthorne Street, 5th Floor
San Francisco, California 94105

Dear Ms. Minamoto:

Enclosed is State Plan Amendment (SPA) 01-015 which updates the State plan to reflect CMS's January 18, 2001 approval for AHCCCS to waive the requirement that prior quarter coverage be provided to new enrollees in both the acute and long term care of the Arizona Health Care Cost Containment System.

The CMS approval enables Arizona to waive the requirement in 1902(a)(34) of the Social Security Act to provide medical assistance for up to 3 months prior to the date that an application is made. This SPA inserts the term "waiver" on the following pages of the State plan:

- Page 11 of Section 2; and
- Attachment 2.6-A, page 24.

If you have any questions about the enclosed SPA, please contact me at (602) 417-4447.

Sincerely,

Lynn Dunton
Assistant Director
Office of Policy Analysis and Coordination

Enclosure

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Oct 16 2 24 PM '01
HHS HCFA
DIVISION OF MEDICAID
REGION IX

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: Arizona

Citation

42 CFR 435.914
1902(a)(34) of the Act

(WAIVER)

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and
1905(a) of the Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and
1902 of the Act
N/A

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR 434.20

(WAIVER)

See Attachment 2.1-A

(c) The Medicaid agency elects to enter into a risk contract with an HMO that is—

X Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

X Not Federally qualified, but meets the requirement in 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

___ Not applicable.

State: Arizona

Citation

Condition or Requirement

42 CFR 435.914

11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

☒ Aged, blind, disabled.

☒ AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

☐ Aged, blind, disabled.

☐ AFDC-related.

(2) For the retroactive period

(WAIVER)

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied.

☐ Aged, blind, disabled.

☐ AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

☐ Aged, blind, disabled.

☐ AFDC-related.